IPDR6702	2			NORTH CAROLINA		PA	GE: 1	
	2: 03/22/2004		IPI	RS CHECKWRITE SUMMARY REPORT				
			(CHECKWRITE DATE: 03/25/2004				
				FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER			NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8599	345	DETAIL NOT COVERED BY COMBINAT				
	H/DD/SAS			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	212	AMTNC INELIGIBLE TO RECEIVE SE	329	914	7545	6631
				RVICES IN IPRS.				
		8935	98	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404902	BLUE RIDGE COMM	11	340	CLIENT NOT ELIGIBLE ON SERVICE				
	UNITY			DATE				
		8505	66	CLAIM DENIED DUE TO INSUFFICIE	0	408	413	5
				NT BUDGET				
		21	2	DUPLICATE OF CLAIM-SYSTEM				
3404904	WESTERN HIGHLAN	0	0	*** NO DATA TO REPORT ***				
	DS LME							
		0	0		0	0	0	0
3404905	TREND COMM MENT	11	104	CLIENT NOT ELIGIBLE ON SERVICE				
	AL HLTH CTR			DATE				
		8599	37	DETAIL NOT COVERED BY COMBINAT	3	172	307	135
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		120	22	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
3404907	RUTHERFORD-POLK	21	968	DUPLICATE OF CLAIM-SYSTEM				
		8599	905	DETAIL NOT COVERED BY COMBINAT	71	2019	2561	542
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	71	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.		1		
								+
				Widd in IIId.				
				NY COLO IN TINO.				
3404910	PATHWAYS		469	DETAIL NOT COVERED BY COMBINAT				
3404910	PATHWAYS		469					
3404910	PATHWAYS		469	DETAIL NOT COVERED BY COMBINAT				
3404910	PATHWAYS		469	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
3404910	PATHWAYS	8599		DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	255	1701	15007	13004
3404910	PATHWAYS	8599	469	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS CODE MISSING OR INVA	255	1781	15007	13226
3404910	PATHNAYS	8599		DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE	255	1781	15007	1322€
3404910	PATHWAYS	8599		DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS CODE MISSING OR INVA	255	1781	15007	13226
3404910	PATHWAYS	8599 27	330	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB	255	1781	15007	13226
3404910	PATHWAYS	8599		DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB PROCEDURE IS NOT COVERED FOR T	255	1781	15007	13226
3404910	PATHWAYS	8599 27	330	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB	255	1781	15007	13226

					ı		TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404912	CATAWBA COUNTYM	8931	214	AMTNC INELIGIBLE TO RECEIVE SE				
	ENTAL HEALT			RVICES IN IPRS.				
		11	97	CLIENT NOT ELIGIBLE ON SERVICE				
		11	97	DATE	266	425	671	246
				2112				
		8599	49	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404913	MECKLENBURG COM	21	4005	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT							
		23	2557	SERVICE REQUIRES PRIOR APPROVA	100	10750	0.577.5	1.0007
		23	2337	L	123	10769	26776	16007
		120	1645	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT				
		<u> </u>		AS A NEW CLAIM		<u> </u>	<u> </u>	
3404916	CROSSROADS BEHA	191	84	CLIENT ID NUMBER DOES NOT MATC				
	VIORAL HEAL			H PATIENT NAME				
		21	60	DUPLICATE OF CLAIM-SYSTEM				
		21	69	DUPLICATE OF CLAIM-SYSTEM	0	376	3069	2693
		1	1		-		 	-
		11	68	CLIENT NOT ELIGIBLE ON SERVICE	 		 	
				DATE				
3404917	CENTERPOINT HUM	8505	958	CLAIM DENIED DUE TO INSUFFICIE				
	AN SERVICES			NT BUDGET				
		8326	925	ATTENDING PROVIDER NUMBER IS R	115	2612	4238	1626
				EQUIRED WHEN BILLED WITH GROUP				
				NUMBER. ADD ATTENDING NUMBER A				
		8599	251	DETAIL NOT COVERED BY COMBINAT				
		0333	231	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
				BENEFIT TROUBLE				
3404918	ROCKINGHAM CO M	8599	190	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		537	75	PROCEDURE IS NOT COVERED FOR T	68	460	5499	5039
				HIS DATE OF SERVICE				
		5404	42	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
		-		OV/ ECODE/ 103/ DO3/ MOD	 		 	
		+						-
3404919	GUILFORD CO MEN	8505	6251	CLAIM DENIED DUE TO INSUFFICIE	 		 	-
	TAL HEALTHC			NT BUDGET	 		 	
	III HEADING	1			 		 	
	1				1		t e	
		8800	481	FURTHER PROCESSING NECESSARY,	146	7509	9616	2106
				PLEASE CHECK FOR CLAIM ON	2.10			
				FUTURE RA'S.				
		8599	253	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
		1		BENEFIT PACKAGE.	ļ			
3404000		9505	276	CLAIM DENIED DIE SO THOUSENESS	1			
3404920	ALAMANCE CASWEL	8505	276	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	1	1	 	
	L AREA MH D	-		NI BODGEI	 		 	
		-			 		 	-
		8599	265	DETAIL NOT COVERED BY COMBINAT			25	1011
				ION OF RECIPIENT, PROVIDER AND	211	1354	3300	1946
		1		BENEFIT PACKAGE.	 		 	
				<u> </u>			<u> </u>	
		24	202	PROCEDURE CODE, PROCEDURE/MODI			<u> </u>	
		1	1	FIER COMBINATION OR PROCEDURE				t
				TIEN COMPINITION ON THOODBOILD				
				CODE/TYPE OF SERVICE COMBINATI				

PROVIDER		UZOU DENIZAZ	www.mm.c=				TOTAL	TOTAL
		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404921		5312	3348	PRIOR AUTHORIZED DOLLARS EXCEE				
3404321	ORANGE PERSON C	3312	3340	DED				
	HATHAM AREA							
		167	1903	NO CHARGE BILLED. ENTER BILLED	420	10898	13945	3047
				AMOUNT AND SUBMIT DETAIL AS				
				A NEW CLAIM				
		8505	1475	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404922	mun nunuau anun	21	261	DUPLICATE OF CLAIM-SYSTEM				
	THE DURHAM CENT ER							
	ER							
		0	0		0	261	386	125
3404923	VGFW AREA AUTHO	8505	498	CLAIM DENIED DUE TO INSUFFICIE				
	RITY			NT BUDGET				
		11	90	CLIENT NOT ELIGIBLE ON SERVICE		1		
		11	30	DATE	46	779	2280	1501
		8599	68	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404924	PIEDMONT AREA M	0	0	*** NO DATA TO REPORT ***				
	H/DD/SAS							
		0	0					
		U	U		0	0	0	0
3404925	SANDHILLS CENTE	8505	3018	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
				<u> </u>				
		8599	106	DETAIL NOT COVERED BY COMBINAT	49	3494	5555	2061
		8599	106	ION OF RECIPIENT, PROVIDER AND	49	3494	5555	2061
		8599	106		49	3494	5555	2061
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	49	3494	5555	2061
		8599 8800	106	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. FURTHER PROCESSING NECESSARY,	49	3494	5555	2061
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	49	3494	5555	2061
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. FURTHER PROCESSING NECESSARY,	49	3494	5555	2061
3404926	SOUTHEASTERN RE	8800		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	49	3494	5555	2061
3404926	SOUTHEASTERN RE		100	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	49	3494	5555	2061
3404926	SOUTHEASTERN RE	8800	100	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT	49	3494	5555	2061
3404926		8800 8599	100	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	49	3494	5555	2061
3404926		8800	100	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE	3137	3494	5555	2061
3404926		8800 8599	100	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926		8800 8599	100	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE				
3404926		8800 8599 8505	2142	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404926		8800 8599	100	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET AMTNC INELIGIBLE TO RECEIVE SE				
3404926		8800 8599 8505	2142	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404926		8800 8599 8505	2142	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET AMTNC INELIGIBLE TO RECEIVE SE				
	G MENTAL HL	8800 8599 8505	2142	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET AMTNC INELIGIBLE TO RECEIVE SE				
3404926	G MENTAL HL CUMBERLAND CO M	8800 8599 8505	100 2142 1477	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
	G MENTAL HL	8800 8599 8505	100 2142 1477	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
	G MENTAL HL CUMBERLAND CO M	8800 8599 8505	100 2142 1477	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
	G MENTAL HL CUMBERLAND CO M	8800 8599 8505	100 2142 1477	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT			14125	
	G MENTAL HL CUMBERLAND CO M	8800 8599 8505 8931	100 2142 1477 1356	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	3137	10189	14125	3935
	G MENTAL HL CUMBERLAND CO M	8800 8599 8505 8931	100 2142 1477 1356	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT	3137	10189	14125	3935
	G MENTAL HL CUMBERLAND CO M	8505 8599 8505 8505	100 2142 1477 1356	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3137	10189	14125	3935
	G MENTAL HL CUMBERLAND CO M	8800 8599 8505 8931	100 2142 1477 1356	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IFRS. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS OR SERVICE INVALID F	3137	10189	14125	3935
	G MENTAL HL CUMBERLAND CO M	8505 8599 8505 8505	100 2142 1477 1356	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3137	10189	14125	3935

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404929		8505	272	CLAIM DENIED DUE TO INSUFFICIE				
3404323	LEE HARNETT MH/ DD/SAS	0303	212	NT BUDGET				
	DD/ SAS							
		11	143	CLIENT NOT ELIGIBLE ON SERVICE	3	597	1414	817
				DATE				
	_	8599	80	DETAIL NOT COVERED BY COMBINAT				
		0000	-	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404930	JOHNSTON COUNTY	24	3	PROCEDURE CODE, PROCEDURE/MODI				
	MNTL HLTHC			FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		0505	-	CLAIM DENIED DUE TO INSUFFICIE				
		8505	1	NT BUDGET		4	13	1
				NI BODGEI				
	-							
3404931	WAKE CO HUM SVC	8505	164	CLAIM DENIED DUE TO INSUFFICIE				
	BILLING OF			NT BUDGET				
-	1	8800	4	FURTHER PROCESSING NECESSARY,		168	168	0
				PLEASE CHECK FOR CLAIM ON				
			—	FUTURE RA'S.	1			
3404932		8505	609	CLAIM DENIED DUE TO INSUFFICIE				
	RANDOLPH/SANDHI LLS CO MH C			NT BUDGET				
	LLS CO MR C							
		11	65	CLIENT NOT ELIGIBLE ON SERVICE	28	887	1762	875
	-			DATE				
		8800	50	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404933		8505	1335	CLAIM DENIED DUE TO INSUFFICIE				
3404933	SOUTHEASTERN CT	8505	1335	NT BUDGET				
	R FOR MH/DD							
		8800	92	FURTHER PROCESSING NECESSARY,	38	1659	2433	774
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8621	76	60 RESIDENTIAL LEVEL III TREAT				
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404934	ONOT OUT OOTHERD D	8599	270	DETAIL NOT COVERED BY COMBINAT				
3101331	ONSLOW COUNTY B EHAVIORAL H	0000	270	ION OF RECIPIENT, PROVIDER AND				
	ENAVIORAL H			BENEFIT PACKAGE.	1			
	+	1			1			
		11	104	CLIENT NOT ELIGIBLE ON SERVICE	15	650	2257	1584
				DATE				
		24	85	PROCEDURE CODE, PROCEDURE/MODI				
	+	1	1	FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI	1			
	+			CODE/TIPE OF SERVICE COMBINATI				-
3404935	MAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	WAYNE CO MENTAL HEALTH CTR	1	-					
	HEADIN CIR		 					
	1							
		0	0			0	0	0
		T -						
				DUPLICATE OF CLAIM-SYSTEM		1		
3404936	WILSON-GREENE M	21	488					1
3404936	WILSON-GREENE M ENTAL HEALT	21	488					
3404936		21	488					
3404936								
3404936		21	50	AMTNC INELIGIBLE TO RECEIVE SE	80	598	3473	2875
3404936					80	598	3473	2875
3404936				AMTNC INELIGIBLE TO RECEIVE SE	80	598	3473	2875
3404936				AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	80	598	3473	2875
3404936		8931	50	AMTNC INELIGIBLE TO RECEIVE SE	80	598	3473	2875
3404936		8931	50	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CSTNC INELIGIBLE TO RECEIVE SE	80	598	3473	2875

							TOTAL	TOTAL
PROVIDER	-	HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404937	EDGECOMBE NASH	21	705	DUPLICATE OF CLAIM-SYSTEM				
	MNTL HLTH C							
		8599	335	DETAIL NOT COVERED BY COMBINAT	83	1280	5760	4480
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8505	58	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404938	RIVERSTONE MENT	8599	333	DETAIL NOT COVERED BY COMBINAT				
	AL HEALTH C			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8000	122	NO RATE AVAILABLE ON FILE TO P	109	806	3405	2599
				RICE THIS CLAIM DETAIL	103	000	3403	233
			+					
	1	1	+		1			
		120	121	CLIENT ID NUMBER MISSING OR IN				
		1		VALID. ENTER CID AND SUBMIT				
	1	1	1	AS A NEW CLAIM	-			1
	1	1	1	IIO II NEW CERTIF	-			-
3404939	1	24	318	PROCEDURE CODE, PROCEDURE/MODI				
3404939	NEUSE MENTAL HE	24	210					
	ALTH CENTER			FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		11	79	CLIENT NOT ELIGIBLE ON SERVICE	0	451	682	231
				DATE				
		8505	32	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404941	PITT CO MH/DD/S	8599	222	DETAIL NOT COVERED BY COMBINAT				
	AS CENTER			ION OF RECIPIENT, PROVIDER AND				
	AS CENTER			BENEFIT PACKAGE.				
		120	138	CLIENT ID NUMBER MISSING OR IN				
		120	130	VALID. ENTER CID AND SUBMIT	72	743	3193	245
				AS A NEW CLAIM				
				AS A NEW CLAIM				
		8000	100	NO RATE AVAILABLE ON FILE TO P				
		8000	128					
				RICE THIS CLAIM DETAIL				
3404942	ROANOKE CHOWANH	8599	146	DETAIL NOT COVERED BY COMBINAT				
	UMAN SERVIC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		1	1					
		8505	120	CLAIM DENIED DUE TO INSUFFICIE	17	354	1691	133
				NT BUDGET				
	1	1	1					
		143	21	CLIENT ID NUMBER NOT ON STATE				
	1	1	1	ELIGIBILITY FILE				
	1	1	1					
3404943	ALBEMARLE MENTA	11	181	CLIENT NOT ELIGIBLE ON SERVICE				
	L HEALTH CE		+	DATE				
	n nearin CE	1	+		1			
	1	1	+		1			
	+	8505	157	CLAIM DENIED DUE TO INSUFFICIE				
	1	0303	-31		50	750	2044	1192
	1	1	1	NT BUDGET				
		8800	157	FURTHER PROCESSING NECESSARY,				
			1	PLEASE CHECK FOR CLAIM ON				
_	1			FUTURE RA'S.				

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS		FINALIZED	PAID
	THOUSE HERE				DINTILLO	DENTITED	LIMBIBED	11112
3404944	EASTPOINTE HUMA	21	907	DUPLICATE OF CLAIM-SYSTEM				
	N SERVICES							
	N SERVICES							
		8599	290	DETAIL NOT COVERED BY COMBINAT				
		0000	250	ION OF RECIPIENT, PROVIDER AND	182	1666	4937	3268
				BENEFIT PACKAGE.				
		8505	181	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404946	FOOTHILLS AREAM	21	1651	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT							
		11	719	CLIENT NOT ELIGIBLE ON SERVICE				
		11	/19	DATE	0	2370	2665	295
				DAIL				
3404957	TIDELAND MENTAL	8505	1227	CLAIM DENIED DUE TO INSUFFICIE				
	HEALTH CTR			NT BUDGET				
		8599	35	DETAIL NOT COVERED BY COMBINAT	59	1329	1954	625
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	24	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
				RVICES IN IPRS.				
3404959	DAVIDSON CO MEN	0	0	*** NO DATA TO REPORT ***				
	TAL HLTH CT							
		0	0		0	0	0	0
3404979	NEW RIVER AREAM	8505	353	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SA PRO	_		NT BUDGET				
		8800	300	FURTHER PROCESSING NECESSARY,	217	1459	3773	2314
		+		PLEASE CHECK FOR CLAIM ON	217	1439	3773	2314
				FUTURE RA'S.				
		8599	246	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				